

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>12043</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Rodney A Kelty  P.O. Box, Bldg., Room No., if any  Street 9000 Machinists Place  City Upper Marlboro  State Maryland ZIP Code + 4 20772-2687	4. Name, file number, and address of labor organization.  Name International Association of Machinists  Labor Organization File Number <del>000107</del> 000107  P.O. Box, Building and Room Number, if any  Street 9000 Machinists Place  City Upper Marlboro  State Maryland ZIP Code + 4 20772-2687
5. Position in labor organization. Administrative Assistant	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On 8/12/2005

Date

301-967-4555

Telephone Number

Name of Person Filing Rodney Kelty	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Forest Products Industry National Labor-</p> <p>Trade Name, if any: Management Committee</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1111 19th.St. N.W.</p> <p>City Washington D.C.</p> <p>State ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Forest Products Industry National Labor-</p> <p>Trade Name, if any: Management Committee</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1111 19th.St.N.W.</p> <p>City Washington D.C.</p> <p>State ZIP Code + 4 20036</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee</p> <p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <p>For one night Hotel, meals, and reception to attend the Trustees annual Board meeting held in Reno, NV March 25 and 26, 2004.</p> <p>12.b. Amount. \$204</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Blue Cross-Blue Shield Association</p> <p>Trade Name, if any: BCBS National Labor Office</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1310 G St. N.W.</p> <p>City Washington, D.C.</p> <p>State ZIP Code + 4 20005</p>	<p>14.a. Nature of payment.</p> <p>For one night hotel, meals, and Conference Registration to attend a 2 day forum on Health care issues that face our members in the future on July 21 and 22, 2004.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment \$395</p>